I. AMENDMENTS TO THE CLAIMS

Claims 1-21. (Canceled)

Claim 22. (New) In a method of treating infertility disorders by administering an LH-RH antagonist and inducing follicle growth by administration of hMG or recombinant FSH (Controlled Ovarian Stimulation, "COS"), the improvement comprising administering an amount of LH-RH antagonist which is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and estrogen development is not affected up to ovulation induction.

Claim 23. (New) The method according to claim 22 which additionally comprises administration of antiestrogens.

Claim 24. (New) The method according to claim 22 wherein the LH-RH antagonist is Cetrorelix.

Claim 25. (New) The method of treating fertility disorders according to claim 23 wherein follicle growth is induced by the administration of the antiestrogen Clomiphene.

Claim 26. (New) The method according to claim 25, wherein Controlled Ovarian Stimulation (COS) is started on day 2 after spontaneous menstrual bleeding by administering 100 mg Clomphencitrate per day for 3 to 7 days and 0.2 to 1.0 mg Cetrorelix is administered with hMG starting on stimulation day 5.

Claim 27. (New) The method according to claim 25 wherein COS is started on day 2 after spontaneous menstrual bleeding by administering 100 mg Clomphencitrate per day for 3 to 7 days and 0.2 to 1.0 mg Cetrorelix is administered with recombinant FSH starting on stimulation day 6.

Claim 28. (New) The method according to claim 24 wherein Cetrorelix is administered subcutaneously in an amount between 0.1 and 5 mg per day during a multiple dosing posology.

Claim 29. (New) The method according to claim 22 wherein the LH-RH antagonist is administered as a single or dual subcutaneous dose in an amount between 1 and 10 mg.

Claim 30. (New) The method according to claim 29 wherein the LH-RH antagonist is administered as a single or dual subcutaneous dose in an amount between 2 and 6 mg.

Claim 31. (New) The method according to claim 22 wherein the LH-RH antagonist is administered as an initial single does in the range of 1 mg to 10 mg, followed by a multiple daily dose in an amount between 0.2 and 1.0 mg.

Claim 32. (New) The method according to claim 31 wherein the single dose is between 2 and 6 mg.

Claim 33. (New) The method according to claim 22 wherein ovulation is induced by recombinant LH.

Claim 34. (New) The method according to claim 22 wherein ovulation is induced by native LHRH.

Claim 35. (New) The method according to claim 22 wherein ovulation is induced by an LHRH agonist.

Claim 36. (New) The method according to claim 22 wherein ovulation is induced by HCG.

Claim 37. (New) The method according to claim 22 wherein native LHRH or an LHRH antagonist is administered so that luteal phase supplementation is avoided and negative effects of HCG are prevented during the luteal phase.

Claim 38. (New) The method according to claim 22 wherein recombinant LH, native LHRH or LHRH agonist is administered so that ovarian hyperstimulation syndrome is avoided.

Claim 39. (New) A method of treating infertility disorders comprising administering an amount of Cetrorelix as an LH-RH antagonist which is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and not affecting estrogen development, wherein after cessation of Cetrorelix administration, subsequent follicle development is facilitated only with remaining endogenous LH and FSH.

Claim 40. (New) The method of claim 22 wherein the LH-RH antagonist is administered beginning on cycle day 6 to 10 and ovulation is induced between day 7 and day 11 of the menstrual cycle.

Claim 41. (New) The method of claim 24 wherein Cetrorelix is administered either in a single or dual dose of 1 to 10 mg or in a multiple dosage of 0.1 to 0.5 mg starting at cycle day 1 to 10 and ovulation is induced between day 9 and day 20 of the menstrual cycle.

Claim 42. (New) The method according to claim 41 wherein Cetrorelix is administered starting on cycle day 4 to 9.